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PATENT

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On _____

TOWNSEND and TOWNSEND and CREW LLP

By: _____
Brad J. Loos

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Henry Nita et al.

Application No.: 10/722,209

Filed: November 24, 2003

For: STEERABLE ULTRASOUND
CATHETER

Examiner: Unassigned

Art Unit: 3763

STATUS REQUEST LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

On June 16, 2005, we received a *Notice of Publication of Application* directed to the above-identified patent application filed November 24, 2003.

Applicant's attorney has not received an *Official Action* or any other communication since June 16, 2005, from the Patent Office. Please advise us of the status of this application. Thank you.

Respectfully submitted,

Nathan S. Cassell
Reg. No. 42,396

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: (415) 576-0200
Fax: (415) 576-0300
NSC:bjl

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IFW

	TRANSMITTAL FORM	
	Application Number	10/722,209
	Filing Date	November 24, 2003
	First Named Inventor	HENRY NITA et al.
	Art Unit	3763
	Examiner Name	Unassigned
Total Number of Pages in This Submission		Attorney Docket Number
		021577-000900US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Nathan S. Cassell		
Date	12-2-05	Reg. No.	42,396

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Signature			
Typed or printed name	Brad J. Loos	Date	12-2-05